

# CASEWORK AUTHORIZATION FORM

## PLEASE PRINT

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ (Mr., Mrs., Ms., Other: \_\_\_\_\_)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Alien#: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Action Requested (use additional information as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Important Note: The Privacy Act requires that you authorize access to your private records. Without your signature to authorize access, an inquiry on your behalf will not be done. Also, if you would like for us to give information from your file to anyone other than yourself (e.g. spouse, guardian), please authorize this by identifying that individual in the space provided below. Be advised that information you provide to this office will be forwarded to the agency specified above. **YOUR CASE CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.***

### To Whom It May Concern:

I have sought assistance from Congressman Jeff Miller on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Jeff Miller or any authorized member of his staff until this matter is resolved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I also authorize Congressman Jeff Miller to release my information to the following individual(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Return to:  
Congressman Jeff Miller

4300 Bayou Blvd., Suite 17-C  
Pensacola, FL 32503  
FAX: (850) 479-9394